

DD/S 69-4948

31 October 1969

MEMORANDUM FOR: Deputy Director for Support

SUBJECT : Inspector General's Survey of the Office of Medical Services

REFERENCES : (a) Your Memorandum to the Exec. Dir.-Compt., dated 10 Oct 68, Subject as Above  
(b) My Memorandum, dated 30 Sept 69, Subject as Above

As requested, additional statistical information pertaining to the effectiveness of the new follow-up procedures for executive annual examinations (recommendation 9b of the subject survey) is as follows:

1. FY 1969:

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a. [ ] executive annual examinations were performed and in all cases the examinee was informed by the examiner of the findings.

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b. Of the [ ] were found to have significant abnormalities.

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c. Of these [ ] showing significant abnormalities, [ ] were of the type where medical treatment or management was indicated and referral was accordingly recommended.

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25X9

d. Of these [ ] recommended for referral, follow-up medical information on [ ] indicating consultation as recommended was entered in the OMS medical chart.

2. In referring cases for private consultation in this program, we advise the employee that we would like indications of action taken. We do not, however, insist on this. While we consider such a report desirable for our program, we also believe that the matter relates to the employee and his physician.

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13 October 1969

MEMORANDUM FOR THE RECORD

SUBJECT: IG Survey of the Office of Medical Services

25X1

1. 10 October 1969 -- Discussed with [ ] who, after exploring with Clinical Division, reported practically no statistics available. To get some would involve calling in consultants to review case files and analyze each case. 25X1  
After further review with Jack Coffey, I asked [ ] to set up a Monday appointment for me with [ ] 25X1

2. 13 October 1969 -- Met this morning with [ ] 25X1  
and went over the problem, as we see it, in providing a substantive report to the Executive Director.

It was finally agreed that OMS will determine:

- a. The total number of executive annual physicals given in a six month or 12 month period of time.
- b. The number of these cases that resulted in significant pathology.
- c. The number of examinees who were informed by the examiners of the existence of significant pathology and to whom it was suggested that they should see a private physician.
- d. The number of cases, disclosing significant pathology, on whom the OMS has had feedback indicating that the examinee took follow-up action by seeing a private physician etc.

It was suggested that these figures could be available within a couple of weeks.

3. I suggested that I would seek an extension of the deadline for our reply of 1 November, and would expect a paper from OMS a few days prior to that. I also asked [ ] to include in the paper a statement in the words of either [ ] or Dr. Tietjen as to their philosophy in feeling that they should not call an examinee, after a period of elapsed time from the date of 25X1

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his physical examination, in order to ascertain that the individual had indeed taken some follow-up action. There is apparently a question of medical ethics, invasion of privacy, etc. involved here, and the explanation should be given by a doctor and not paraphrased by a layman.

4. I discussed the above with Mr. Coffey who thought that this would be acceptable.

25X1



Support Operations Staff/DDS

Distribution:

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25X1

NB: Extension to 1 November secured by  
13 October 1969.



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I think Col White  
will murder us  
with this reply or  
report a year later.

I would hope we could  
be very explicit -  
with figures on how  
many follow-up cases  
out of how many examined,  
how many actions of what  
type were taken, how much  
satisfaction of OSI's examiner's  
original work, how many

didn't act + what done  
in those cases etc etc

Should we talk?

JWC

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DD/S 69-4605

MEMORANDUM FOR: Executive Director -Comptroller

SUBJECT : Inspector General's Survey of the  
Office of Medical Services

REFERENCE : (a) Memo dtd 26 Sept 68 to DD/S frm Ex. Dir. -Compt.  
same subject  
  
(b) Memo dtd 10 Oct 68 to Ex. Dir. -Compt. frm DD/S  
same subject

1. This memorandum responds to your request in reference (a) for a brief report on the effectiveness of the new follow-up procedure for the executive annual examinations.

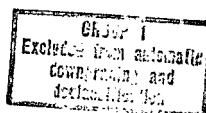
2. The following developments in follow-up procedures have occurred:

a. Significant improvement during the past year in follow-up procedures has been achieved through expanding the WAE time and concentrating the services of one experienced WAE Medical Officer on executive annual examinations.

b. Through this arrangement every examinee is explicitly informed of the results of his examination. This normally is through another meeting with the examiner.

c. Where medical conditions are identified which indicate the need for or desirability of therapy, the WAE examiner has been increasingly successful in enjoining the examinee to consult his private physician. In those cases where the examinee does not have a private physician, the examiner has assisted with appropriate referral.

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d. In the past year we have also been increasingly successful in receiving from the examinee's private physician a written report of follow-up action taken as a result of our examination findings and our recommendations.

R. L. Bannerman  
Deputy Director  
for Support

Atts: References (a) & (b)

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SUBJECT: Inspector General's Survey of the Office of Medical Services

(In this respect the program is to be distinguished of course from other types of examinations performed in connection with various personnel actions, e.g., overseas assignment. In this latter type, the employee requiring consultation is referred by OMS and at Agency expense; report from the consultant is always received in such case.)

4/ 3. We shall continue to suggest and request such reports, and in certain cases we shall assure ourselves as we do now that the follow-up action has or will be taken. A further check-point comes at the time of the employee's next executive annual examination. On the occasion of the employee's next executive annual examination we review with him the previous condition which was the basis for referral and assess this condition anew. We believe this provides a practical, ethical and medically sound means of follow-up action.

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JOHN R. TIETJEN, M. D.  
Director of Medical Services

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